EDWARD PAULING
Primary School
learning to succeed together

Touch / Physical Contact Policy

Policy Status	Final Policy
Responsibility for this policy lies with (Headteacher, Full Governing Body, Curriculum Committee or Finance & Resources Committee)	Full Governing Body
Date written/last review	June 2026
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Contents

Rational

A clear, well-considered Touch / Physical Contact policy helps to safeguard children and support staff by removing ambiguity around when and how physical contact is appropriate.
It ensures consistent practice, strengthens trust, and balances protection with children's developmental need for safe, supportive touch.
This guidance supports practitioners to challenge fear-based approaches and to promote a healthy, informed culture around physical contact.

This policy distinguishes between safe, supportive touch and inappropriate or harmful contact, providing shared language, clear boundaries, and consistent expectations. In many settings, fear of allegations has led to overly cautious or 'no-touch' approaches, which risk de-humanising care and limiting practitioners' ability to meet their duty, particularly when children are distressed or dysregulated.

In England, the Department for Education's advice in 2015 warned that blanket 'no-touch' policies may even place staff in breach of their duty of care. Appropriate touch remains part of everyday practice; for example, comforting a distressed student or guiding a young child by the hand.
Appropriate, attuned touch can help children regulate emotions, form secure relationships, and build resilience, especially for those who have experienced trauma.

The Science and Significance of Touch

For children, safe and nurturing physical contact supports growth, secure attachment, and healthy brain development. Neurologically, nurturing touch releases oxytocin (the bonding hormone) and reduces cortisol (the stress hormone), helping children feel calm and safe.

Consistent positive touch can build empathy, trust, and the capacity for emotional regulation. When touch is absent, effects can be profound: delayed cognitive, emotional, and physical development; anxious or distressed behaviour; regulation difficulties; and impaired memory formation.

In professional settings, stigma or fear around touch needs to be addressed. Withholding appropriate physical reassurance, particularly in moments of distress, can risk prolonging or intensifying trauma and, in some cases, lead to measurable psychological or neurological harm.

By contrast, safe, attuned touch can provide connection, grounding, and reassurance, helping children return to a regulated state. When this practice sits within a strong safeguarding framework and is used by responsive adults, it can be reparative by calming distress, restoring emotional balance, and reinforcing a child's sense of safety, especially for those with trauma histories or unmet relational needs.

Physical interventions or restraints as they are often called, are a safeguard, not a sanction. The purpose of any physical contact is to safeguard and promote the welfare of the person being held, along with anybody else whose welfare is threatened.

Touch and Regulation

Children often depend on adults for co-regulation. In moments of stress or distress, words may be inaccessible; a calm, attuned physical presence—and, at times, touch—can provide the connection needed to return to a regulated state. Touch from someone familiar can support not only emotional regulation but also physiological regulation.
Staff should respect individual preferences for regulation-supporting touch. These can include:

- a gentle hand on the shoulder or upper back;
- light touch to the hand when offering reassurance;
- sitting side-by-side with shoulder contact during an upset;

- offering a hand or arm for the child to take.

It can help to reflect on the difference between offering a hand or arm and taking a child's hand or arm. Offering tends to promote agency, safety, and trust by allowing the child to choose connection, whereas taking, particularly without clear consent, may feel intrusive, disempowering, or even threatening, especially for children with a history of trauma. Regulation-focused touch is not a substitute for a relationship but can be a physical expression of one.

Teaching Safe and Appropriate Touch

Peer touch activities, such as hand-to-hand games, can provide valuable opportunities to reinforce consent, boundaries, and mutual respect. Examples include clapping games like pat-a-cake, thumb wars, high-five variations, or simple copycat hand games where partners lightly touch palms while mirroring each other's movements. When facilitated with care, these activities enable children to practise asking for and giving permission, checking in with one another, and expressing comfort or discomfort. This supports children's understanding of bodily autonomy while also nurturing empathy and social awareness.

Children benefit from clear, consistent education about their bodies, boundaries, and rights. Practitioners deliver this teaching in an age-appropriate, culturally sensitive, and informed by an awareness of trauma. Strategies might include body mapping activities, teaching consent language such as "Would you like a hug?" and "You can say no," story-based learning and visual aids, and practising refusal and acceptance scenarios in a safe environment. Everyday interactions contribute to this learning. When adults model asking permission, responding to non-verbal cues, and respecting a child's choice, they help children experience what safety and respect feel like in practice.

Considering Individual and Cultural Differences

Children's experiences of touch are shaped by many factors, including personal and family history, cultural and religious norms, neurodivergence or sensory processing differences, attachment style, and trauma history. Responses can also vary with relational context. Touch from a familiar person often produces stronger physiological and emotional benefits than touch from a stranger, underscoring the importance of trusted relationships in practice.

Good practice can include:

- consulting care plans (e.g. Education, Health and Care Plans);
- listening to the preferences of the child and their family;
- adapting approaches based on a child's observed responses;
- remaining open-minded rather than assuming what a child may find comfortable.

Deciding whether to use a Physical Intervention

We start from the premise that staff should work positively and confidently with children and find the least intrusive way possible to support, empower and keep children safe. The foundation of good practice in working with children should be:

- building relationships of trust and understanding
- understanding triggers and finding solutions
- if incidents do occur, defusing the situation and / or distracting the child wherever possible

Restraint should only be used as a last resort.

School staff are able to use such force as is reasonable in the circumstances to prevent a child from doing, or continuing to do, any of the following:

- Committing any offence (or for a child under the age of criminal responsibility, what would be an offence for an older pupil)
- Causing personal injury to another person
- Causing injury to the themself
- Damaging property
- Prejudicing the maintenance of good order and discipline at the school or among any children receiving education at the school, whether during a teaching session or otherwise (Education and Inspections Act 2006, Section 93)

In school this translates as:

- remove disruptive children from the classroom where they have refused to follow an instruction to do so;
- prevent a pupil behaving in a way that disrupts a school event or a school trip or visit;
- prevent a pupil leaving the classroom where allowing the pupil to leave would risk their safety or lead to behaviour that disrupts the behaviour of others;
- prevent a pupil from attacking a member of staff or another pupil, or to stop a fight in the playground; and
- restrain a pupil at risk of harming themselves through physical outbursts. (DfE 2013)

Who Can Restrain?

The staff to which this power applies are defined in section 95 of the Education and Inspections Act 2006. As defined in the Act, this power may be used where the pupil is on school premises or elsewhere in the lawful control or charge of the staff member (for example on a school visit)

They are:

- Any teacher who works at the school, and
- Any other person whom the Head has authorised to have control or charge of pupils. At Edward Pauling this includes support staff such as teaching assistants, SMSAs and office staff
- At Edward Pauling the following staff are not authorised to hold children - catering staff, premises staff, unpaid volunteers and students.

All staff and volunteers will have the Relationship Policy and Touch / Physical Contact Policy shared with them as part of their induction process. Staff will be required to sign to say they have understood the policy.

The Last Resort Principle

Restraint should only be used when all the other reasonable methods of managing the above situations have been tried. This does not mean that we always expect people to methodically work their way through a series of failing strategies, before attempting an intervention in which they have some confidence. Nor does it mean always waiting until the danger is imminent, by which time the prospect of safely managing it may be significantly reduced. National guidance is clear on this point.

It does mean that we expect staff to conduct a dynamic risk assessment and choose the safest alternative. It also means that we expect staff to think creatively about any alternatives to physical intervention which may be effective.

Before restraint, staff should consider whether the child has:

- asthma
- epilepsy
- brittle bones
- recent surgery
- hypermobility
- heart conditions

Help Protocols

The expectation at Edward Pauling is that all staff will support each other. This means that staff always offer help and always accept it. Help does not always mean taking over. It may mean just staying around in case you are needed, getting somebody else or looking after somebody else's group. Supporting a colleague does not only mean agreeing with their suggestions and offering sympathy when things go wrong. Real support sometimes means acting as a critical friend to help colleagues become aware of possible alternative strategies.

At Edward Pauling we will say "**Help's available**" when offering support.

A member of staff may also say "**More help's available**" when they feel that a change of adult is necessary. The member of staff will then take over and explain their actions later – away from the child.

Well Chosen Words

A well-chosen word can sometimes avert a crisis. When pupils are becoming angry there is no point in getting into a confrontation. Telling people to calm down can actually aggravate the situation. Pointing out what they have done wrong can make things worse. It is better to say nothing and take time to choose your words carefully than to say the wrong thing and provoke a further escalation.

Behaviour Support Plans

Risk management is regarded as an integral part of behaviour management planning. An Individual Support Plan (Appendix) details any strategies which have been found to be effective for that individual, along with any responses which are not recommended. If particular physical techniques have been found to be effective they should be named, along with alerts to any which have not proved effective or which caused problems in the past. The plans should be considered alongside any other documents which relate to the pupil, EG an EHCP. They should take account of age, sex, level of physical, emotional and intellectual development, special needs and social context.

It is important to take account of developmental changes, such as the onset of puberty and menstruation. Gradual changes, such as the child getting bigger, can happen so slowly that staff fail to notice that long-standing practices are becoming inappropriate. These changes should be noted on the Behaviour Support Plan.

Older children should be encouraged to contribute to their plan where appropriate.

Any Individual Support Plans will be shared with Parents / Carers at the time of creation or review, which would be at least annually.

Proactive Physical Interventions

It is sometimes reasonable to use physical controls to prevent extreme behaviour from becoming dangerous provided that it is an agreed part of a Behaviour Support Plans. Examples of this are where a pupil has shown ritual patterns of behaviour, which in the past have led to the child becoming more distressed and violent. In such

circumstances it may be reasonable to withdraw the child to a safer place when the pattern of behaviour begins, rather than wait until the child is distressed and out of control. The paramount consideration is that the action is taken in the **best interest of the child** and that it reduces, rather than increases risk.

Reasonable and Proportionate

Any response to extreme behaviour should be reasonable and proportionate. 'Reasonable' is the minimum force needed to avert injury or damage to property or to prevent a breakdown of discipline, applied for the shortest period of time.

Staff must not react in anger. If they feel they are becoming angry they should consider withdrawing to allow someone else to deal with the situation. Where staff act in good faith, and their actions are reasonable and proportionate they will be supported.

When physical controls are considered staff should think about the answers to the following questions:

- How is this in the best interest of the pupil?
- Why is a less intrusive intervention not preferable?
- Why do we have to act now?
- Why am I the best person to be doing this?
- Why is this absolutely necessary?

If staff can answer these questions it is more likely that a physical intervention will be judged to be reasonable and proportionate.

Unreasonable use of force

It is not reasonable to use force simply to enforce compliance in circumstances where there is no risk. Nor is it reasonable to use any more force than is necessary to achieve a reduction in risk. Under no circumstances should pain be deliberately inflicted or should pupils be deliberately subjected to undignified or humiliating treatment (this should not be confused with the unavoidable discomfort associated with some approved techniques for disengaging from assaults such as bites and grabs).

Seclusion

Force should never be used to keep a pupil secluded (locked in a room on their own). Seclusion is only lawful by specific court order and cannot become part of a planned strategy at this school.

Children are not allowed to be put in a room with an adult on the outside. Whenever children need time away from class they will always be supervised by adults in the same room. If a child takes themselves to a room and closes the door then an adult must supervise to ensure that the child is kept safe and enter the room when it is felt that it would be safe for the child and adult or to prevent the child from hurting themselves.

Prohibited forms of Restraint or Holding

Corporal punishment (or the threat of it), any act or threat of an act, such as hitting, kicking, slapping, punching, prodding, poking, throwing an object, rough handling etc. which causes or threatens harm or the expectation of harm to a pupil is forbidden and could lead to disciplinary action against staff.

Children should never be held face down or in a supine hold.

Risk Assessment

Dynamic risk assessments should be a routine part of life for staff working with pupils who may exhibit extreme behaviour. Responsible staff should think ahead to anticipate what might go wrong. If a proposed activity or course of action involves unacceptable risk the correct decision is to do something else.
Factors which might influence a more immediate risk assessment, and therefore a decision about how to intervene, might include the state of health and fitness of the staff member, their physical stature, competence, confidence and relationships with the pupils concerned. Other than in an emergency, staff should only attempt physical controls when they are confident that such action will result in a reduction of risk.
Where children require strategies beyond the usual scope of the school a separate risk assessment will be devised and this will be sent to the Local Authority. e.g. if a child requires ground holds or holds not taught in Team-Teach.

Health and Safety

If dangerous behaviour presents a significant risk of injury to people, there is a legal Health and Safety issue to be addressed. Dangerous occurrences should be reported to the Headteacher (as the person responsible for Health and Safety in the school). We all have a shared responsibility to identify risk, communicate potential risks and take active steps to reduce risk wherever possible. We recognise that it is not possible to entirely remove risk.

As a minimum requirement, in order to comply with Health and Safety legislation, each employee has a responsibility to ensure that they are conversant with school policy and guidance, and to cooperate to make the school safer. It is also a requirement that they participate in training if they are directed to do so.

Getting Help

In an emergency a message will be sent to the Headteacher, deputy Headteacher or the office. Help will then be organised and deployed within the school. Classes with particular needs may have a card with 'Help Available' written on it which they can send with a child to get help.

Responding to Unforeseen Emergencies

Even the best planning systems cannot cover every eventuality and the school recognises that there are unforeseen or emergency situations in which staff have to think on their feet. It is not enough to thoughtlessly apply rules without thinking through the likely consequences.

Whenever a physical intervention has to be made there should be a verbal warning if appropriate. Where possible staff should always attempt to use diversion or diffusion in preference to physical interventions.

The Post Incident Support Structure for Pupils and Staff

Following a serious incident, it is the policy of this school to offer support for all involved. People take time to recover from a serious incident. Until the incident has subsided the only priority is to reduce risk and calm the situation down. Staff should avoid saying or doing anything which could inflame the situation during the recovery phase.

Immediate action should be taken to ensure medical help is sought if there any injuries which require more than basic first aid. Any injuries should be reported – on Medical Tracker for children and staff on the Local Authority Incident Form. It is important to note that injury in itself is not evidence of malpractice.

Time needs to be taken to repair relationships. When careful steps are taken to repair relationships a serious incident does not necessarily result in long term damage.

Time needs to be given to following up incidents so that children have an opportunity to express their feelings, suggest alternative courses of action for the future and appreciate other people's perspective.

Both adults and children may need time to recover and rest or regain composure before returning to class.

Recording

Whenever restraint is used the incident must be recorded on the school online recording system – CPOMS. All incidents should note who was held, by whom, length of restraint and time of day.
In addition staff should record:

- de-escalation attempted
- reason restraint was necessary
- type of Team Teach technique used
- any injuries
- any witnesses accounts
- and that a debrief was completed with Headteacher and SENDCO

The first member of staff involved in a restraint must enter the incident on CPOMS within 24 hours of the incident. Records on CPOMS will be retained. They will be kept for 70 years. Copies of the Touch / Physical Contact Policy for the academic year will be archived for that academic year. These records are kept in school.

Parents/carers must be notified by a phone call, and followed up with an email if necessary, if their child has been restrained. If a member of staff feels that a child's welfare will be compromised they should seek advice from the Headteacher.

It is a working reality that children and adults may get hurt in restraint. Any known injuries, including scratches and marks, should be reported both to the Headteacher (or in their absence the Deputy Headteacher) and reordered on CPOMS. Injuries to children should also be reported to parents where known. Staff should check visually and/or verbally with the child after a restraint to ascertain if any injuries have occurred and need to have this verified by another adult.

Complaints

It is not uncommon for pupils to make allegations of inappropriate or excessive use of force following an incident. Any marks of injury on a child should be noted when recording event on CPOMS and any such allegations should be noted and shared with the Headteacher.

The school has a formal complaints procedure. The complaints policy applies equally to staff. We are an open school and promote transparent policy and practice in order to protect the interests of pupils and staff alike. Any staff concerns regarding the welfare of children should be taken to the designated person for Child Protection or Health and Safety (Abigail Donnelly).

Training

Staff should only use the techniques and methods approved for use in this school (Team Teach methods).

Teachers and anyone authorised by the Headteacher who are expected to use planned physical techniques will be trained. This school has adopted the Team Teach method for Restrictive Physical Interventions. All training courses have been fully accredited in accordance with DfES and Department of Health guidance. Positive handling training is always provided by qualified instructors within rigorous guidelines.

The level of training recommended is related to the level of risk faced by the member of staff. Our preferred approach is for whole staff training. The level of training required is kept under review and may change in response to the needs of our children.

Currently all staff who may need to restrain are trained initially for 12 hours, over a number of sessions and thereafter for 6 hours refresher every 2 years, delivered by accredited team teach trainers from The Ceaders Primary School.

The next full staff training will be April 2028.

Monitoring and Evaluation of Incidents

The Headteacher will ensure that each incident is reviewed and instigate further action as required. CPOMS can be opened and hard copies printed for external monitoring and evaluation.

The SENDCO will collate all the information on restraint providing clear data on the amount of restraints for each child and any trends. Data will initially be analysed by the school's Pastoral Lead and trends or concerns presented to leaders at half termly Every Child Matters Meetings. This data may be used to decide on whole school issues, to provide an indication of individual improved or deteriorating behaviour and to provide evidence when involving outside agencies.

Individual Support Plan Template

Name of individual:	Date of birth:	Date completed:
Person completing plan:	Signature:	Date of plan review:

Accurate Baseline Description: If we know how an individual is at baseline, we can intervene early and measure the effectiveness of selected strategies.

Baseline behaviours: *What is typical for this person?*	**Positive behaviour support/primary strategies that work:**

Support Needs / Reasonable Adjustments: These are changes that are made for individuals to fully access and participate in the service provided.

Support Needs: *Consider trauma, ACEs, sensory needs, prior experiences*	**Reasonable Adjustments:** *What adaptations are most effective?*

Anxiety Behaviours: *What might we see or hear?*	**Secondary Strategies**: Support Strategies to support myself: Strategies staff could use:

Defensive Behaviours: *What might we see or hear?*	**Secondary Strategies:** Support and choices Strategies to support myself: Strategies staff could use:
Crisis Behaviours: *What might we see or hear?*	**Tertiary Strategies:** Support and risk reduction Strategies to support myself: Strategies staff could use:
Recovery Behaviours: *What might we see or hear?*	**Support Strategies:** Strategies to support myself: Strategies staff could use:
Repair and Reflection Process: This should take place when the individual is ready. The post-incident debrief document helps with the planning and implementation of this process.	
Key People / Contact Details:	

Describe specific behaviours in each section, to ensure the best support.

PHYSICAL INTERVENTION RECORDING GUIDANCE FOR STAFF

When recording a physical intervention on CPOMS, staff should record factual information only. Avoid opinions, assumptions, or emotional language.

1. BASIC INFORMATION
   - Date of incident
   - Time of incident
   - Location
   - Name of child
   - Names of staff involved
   - Names of witnesses
2. LEAD UP TO THE INCIDENT
   Record:
   - What was happening immediately before the incident?
   - Any known triggers or contributing factors.
   - What behaviours were observed?
   - Any risks presented to the child, others, or property.

Example:
"During transition from playground to class, Child A became distressed when asked to line up. Child A began shouting and throwing equipment towards other pupils."

3. DE-ESCALATION ATTEMPTS
   Record:
   - Strategies used before physical intervention.
   - Instructions, reassurance, distraction, choices, change of adult, movement to a quieter space, etc.
   - Child's response to these strategies.

Example:
"Staff offered choices, provided reassurance, and encouraged Child A to move to a quieter area. Child A declined and continued to throw objects."

4. REASON FOR PHYSICAL INTERVENTION
   Record:
   - Why intervention became necessary.
   - What risk was being prevented.
   - Why less intrusive strategies were no longer sufficient.

Example:
"Physical intervention was used to prevent injury to other pupils after Child A attempted to hit peers with a playground bat."

5. PHYSICAL INTERVENTION USED
   Record:
   - Type of Team Teach strategy used.
   - Who applied the intervention.
   - Start and finish time.
   - Duration.
   - Whether assistance was requested or provided.

Example:
"Two-person standing support was used by Staff A and Staff B from 10:17am until 10:19am."

6. CHILD'S RESPONSE
   Record:

- How the child responded during the intervention.
- Changes in behaviour.
- What indicated the intervention could end.

Example:
"Child A stopped attempting to strike others, reduced verbal aggression, and agreed to walk with staff to a quiet space."

7. INJURIES OR PHYSICAL MARKS
   Record:
   - Any injuries, scratches, redness, bruising, or complaints of pain.
   - Checks completed after the incident.
   - Name of adult who verified observations.

Example:
"Visual check completed by Staff C. No injuries observed. Child stated they were not hurt."

8. PARENT/CARER COMMUNICATION
   Record:
   - Who contacted parents/carers.
   - Time of contact.
   - Method used.
   - Brief summary of information shared.

Example:
"Parent informed by telephone at 3:25pm by Staff A."

9. FOLLOW-UP ACTIONS
   Record:
   - Restorative conversation completed.
   - Debrief undertaken.
   - Amendments required to support plan or risk assessment.
   - Referrals to SENDCO, DSL, pastoral team, or senior leaders.

10. ADDITIONAL CONCERNS
    Record:
    - Any allegation made by the child.
    - Any complaint.
    - Any safeguarding concerns arising from the incident.

11. REFLECTION
    Record:
    - What worked well?
    - What could be done differently next time?
    - Any recommendations for future support.

Example:
"Child responded positively when a familiar adult took over. Consider adding this strategy to support plan."

PHYSICAL INTERVENTION / RESTRAINT RECORDING CHECKLIST

□ Incident recorded on CPOMS within 24 hours

BASIC DETAILS
□ Date recorded
□ Date and time of incident
□ Location
□ Child's name
□ Staff involved
□ Witnesses identified

BEFORE THE INTERVENTION
□ Description of events leading up to the incident
□ Known trigger(s) recorded
□ Risks identified (to self, others, property, or good order)
□ De-escalation strategies attempted recorded
□ Child's response to de-escalation attempts recorded

REASON FOR INTERVENTION
□ Clear reason physical intervention became necessary
□ Risk being prevented explained
□ Explanation of why less intrusive strategies were no longer effective

DURING THE INTERVENTION
□ Type of Team Teach strategy used recorded
□ Staff members involved identified
□ Start time recorded
□ End time recorded
□ Length/duration recorded
□ Any support requested or provided recorded

CHILD'S RESPONSE
□ Behaviour during intervention described
□ Behaviour after intervention described
□ Reason intervention ended recorded

INJURIES / WELFARE CHECKS
□ Child checked for injuries
□ Staff checked for injuries
□ Any marks, scratches, bruising, redness, or pain recorded
□ Medical attention sought if required
□ Welfare check verified by another adult

PARENT / CARER CONTACT
□ Parent/carer informed
□ Time of contact recorded
□ Method of contact recorded
□ Name of staff member making contact recorded

FOLLOW-UP ACTIONS
□ Restorative conversation completed/planned
□ Child given opportunity to share their views
□ Staff debrief completed if required
□ Support plan reviewed if necessary
□ Risk assessment reviewed if necessary
□ SENDCO/DSL/SLT informed if appropriate

SAFEGUARDING / COMPLAINTS

□ Any allegation by the child recorded
□ Any complaint recorded
□ Any safeguarding concerns recorded
□ Headteacher informed where required

QUALITY CHECK

Before submitting, ask:
□ Is my record factual and objective?
□ Have I described what I saw and heard rather than my opinion?
□ Have I explained why intervention was necessary?
□ Have I included all injuries and welfare checks?
□ Have parents/carers been informed?
□ Would someone who was not present understand exactly what happened?

Staff Signature: _____

Date: _____